



The Mapusa Urban Co-op. Bank of Goa Ltd.,

(Under Liquidation)

Head Office "Nandadeep", Mapusa, Goa.



CLAIM FORM FOR REPAYMENT OF BALANCE IN ACCOUNTS OF THE DECEASED

Branch _____

(Please provide full particulars to ensure quick repayment of balance. In case of incomplete information repayment may be delayed for which the Bank will not be responsible)

1. **Account holder Name:**.....
(Name of the deceased in full)

2. Date of death:.....

3. Place.....

4. Age at the time of death:..... (death certificate enclosed).

5. Married/Unmarried:.....

6. Name of the spouse:.....

7. Details of accounts of the deceased person:

Type of account & Account No.	Present Balance
	Rs.
	Rs.
	Rs.
	Rs.

8. Names of parents and their age, if alive:

(i) Father:.....Age:.....

(ii) Mother:.....Age:.....

9. Name of the children's and their age:

(i).....Age:.....

(ii).....Age:.....

(iii).....Age:.....

(iv).....Age:.....

10. Name of the brothers and sisters

(i).....Age:.....

(ii).....Age:.....

(iii).....Age:.....

11. Claimants:

Name	Age	Relationship

12. Details of legal representation obtained if any:

(Probate/Letter of Administrator/Succession certificate)

.....
Signature of the Claimant

Certificate that the facts stated above are true and correct.

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(Signature and Designation with stamp & date)

Must be certified by a member of State Legislation, Parliament, Municipal Council, Village Panchayat or a responsible party known to the Bank)

Branch Manager's Comments:

- 1) Do you vouch sage for the facts stated above?
- 2) Do you know the claimant's personally?
- 3) Have you personally satisfied yourself about the claimant's title?
- 4) Your decision regarding the disposal of the Claim.

Branch Manager's Remarks:

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BRANCH MANAGER

BRANCH

Enclosures:

- 1)
- 2)
- 3)
- 4)
- 5)